Department of HUMAN SERVICES

Critical Incident Reporting Process Collaborative Training

July, 1 2020

Objectives

- Review Iowa Administrative Code (IAC) requirements for incident reporting
- Define the difference between a major and minor incident
- Identify updates to the reporting process for fee for service (FFS) members
- Gain knowledge regarding incident report troubleshooting and resources for each reporting entity

Iowa Administrative Code: Chapter 77

- Habilitation Services- 77.25 (1)
- Health & Disability (HD) Waiver- 77.30 (18)
- Elderly Waiver- 77.33 (22)
- AIDS/HIV Waiver- 77.34 (14)
- Intellectual Disability (ID) Waiver- 77.37 (8)
- Brain Injury (BI) Waiver- 77.39 (6)
- Physical Disability Waiver- 77.41 (12)
- Children's Mental Health (CMH) Waiver- 77.46 (1)

Iowa Administrative Code

- Defines major and minor incidents for HCBS waiver and Habilitation Services
- Identifies reporting requirements for major incidents
- Incident definitions and reporting timelines are the same for fee-for-service (FFS) members and managed care (MCO).
  - The difference is in the reporting process for each entity and is addressed later in this training
- Informational Letter 2128-MC-FFS clarifies that an incident report is required for any HCBS waiver or Habilitation member regardless if direct services were being provided at the time of the incident

Definition of Major Incident

An occurrence involving a member enrolled in waiver (or Habilitation) services:

1. Results in a physical injury to or by the consumer that requires a physician's treatment or admission to a hospital;
2. Results in the death of the member;
3. Requires emergency mental health treatment for the member;
4. Requires the intervention of law enforcement;

Definition of Major Incident (cont.)

5. Results in a report of child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3;

6. Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in paragraph “1,” “2,” or “3”; or “5”

7. Involves a member’s location being unknown by provider staff who are assigned protective oversight. (This is when services or supervision by staff is to be provided or is scheduled)

Minor Incident

An occurrence involving a member that is not a major incident which-

1. Results in the application of basic first aid
2. Results in bruising
3. Results in seizure activity
4. Results in injury to self, to others, or to property
   (**No physician or hospital treatment needed)**
5. Constitutes a prescription medication error
   (No physician or hospital treatment needed)

Reporting a Major Incident

Who reports

- First to know of incident
- Service providers
- Service workers
- Case managers, Targeted Case managers, Community Based Case Managers, Integrated Health Home Care Coordinators

Who does not report

- Consumer Choice Options (CCO), Home and Vehicle Modification, and transportation providers or personal emergency response

Reporting a Major Incident (cont.)

When to report

- By the end of the next calendar day from the date the incident occurred or was discovered

What to report

- Name of member
- Date occurred and/or discovered
- Description of incident
- Action agency took to manage incident
- Immediate Resolution/Follow-Up
- Root Cause

Reporting A Major Incident (cont.)

Why is it necessary to report

- State and Federal requirements
- Chapter 24 accreditation
- Best practice for your internal quality improvement plan
- Risk management
- Preventative measures

Reporting Examples

Major Incident Report Required - Examples

- Medication error resulting in physician's treatment
- Abuse (including when reported to DHS Abuse Hotline)
- Death
- Hospitalization/ER visit due to injury/mental heath treatment
- Law enforcement intervention
- Location Unknown- lack of supervision

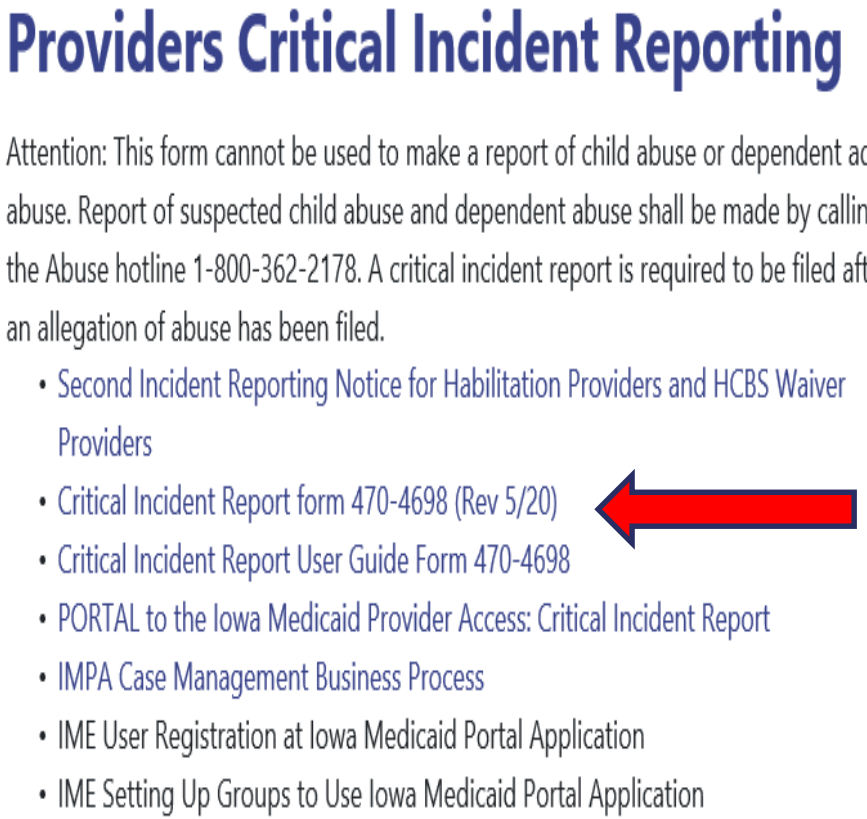
Minor Incident Report – Examples

- Medication error- no reaction or no treatment needed
- Seizures with no physical injury
- Injury resulting in basic first-aid, bruising
- Injury to others resulting in basic first-aid, bruising
- Destruction of property

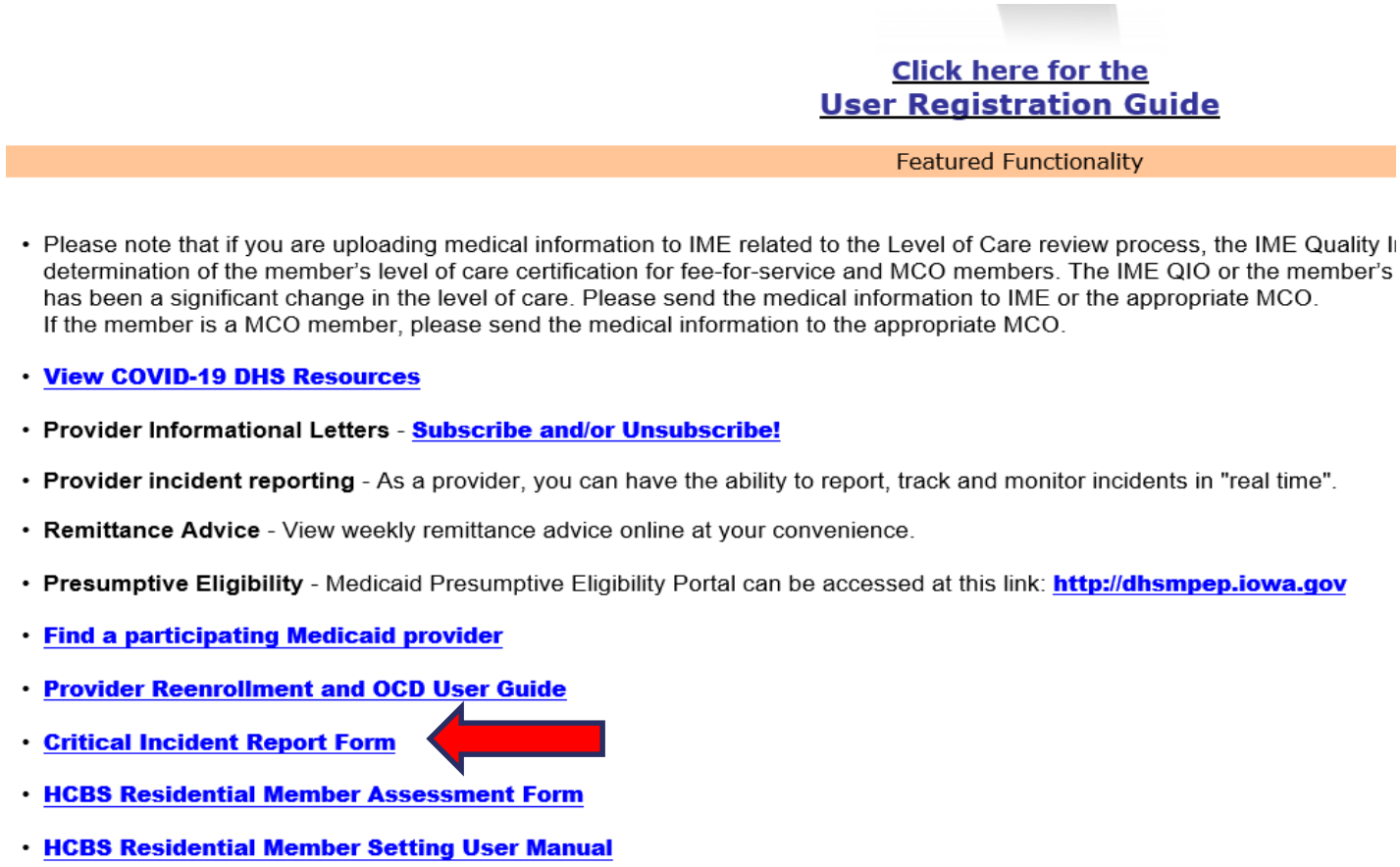
Accessing Form 470-4698

Providers/Case Managers/Transition Specialists/Care Coordinators can access updated form on the DHS website https://dhs.iowa.gov

Accessing Form 470-4698



Accessing the Form 470-4698 (cont.)



Completing Form 470-4698

IMPA 101

- IMPA is used ONLY for fee-for-service members
- Save the form to your desk top before completing
- Complete the form in its entirety as there are required fields (Medicaid Member Section, Case Manager, etc)
- Choose only ONE service/waiver program
- Do not choose “other” as a service program (this is reserved for MCO use only)

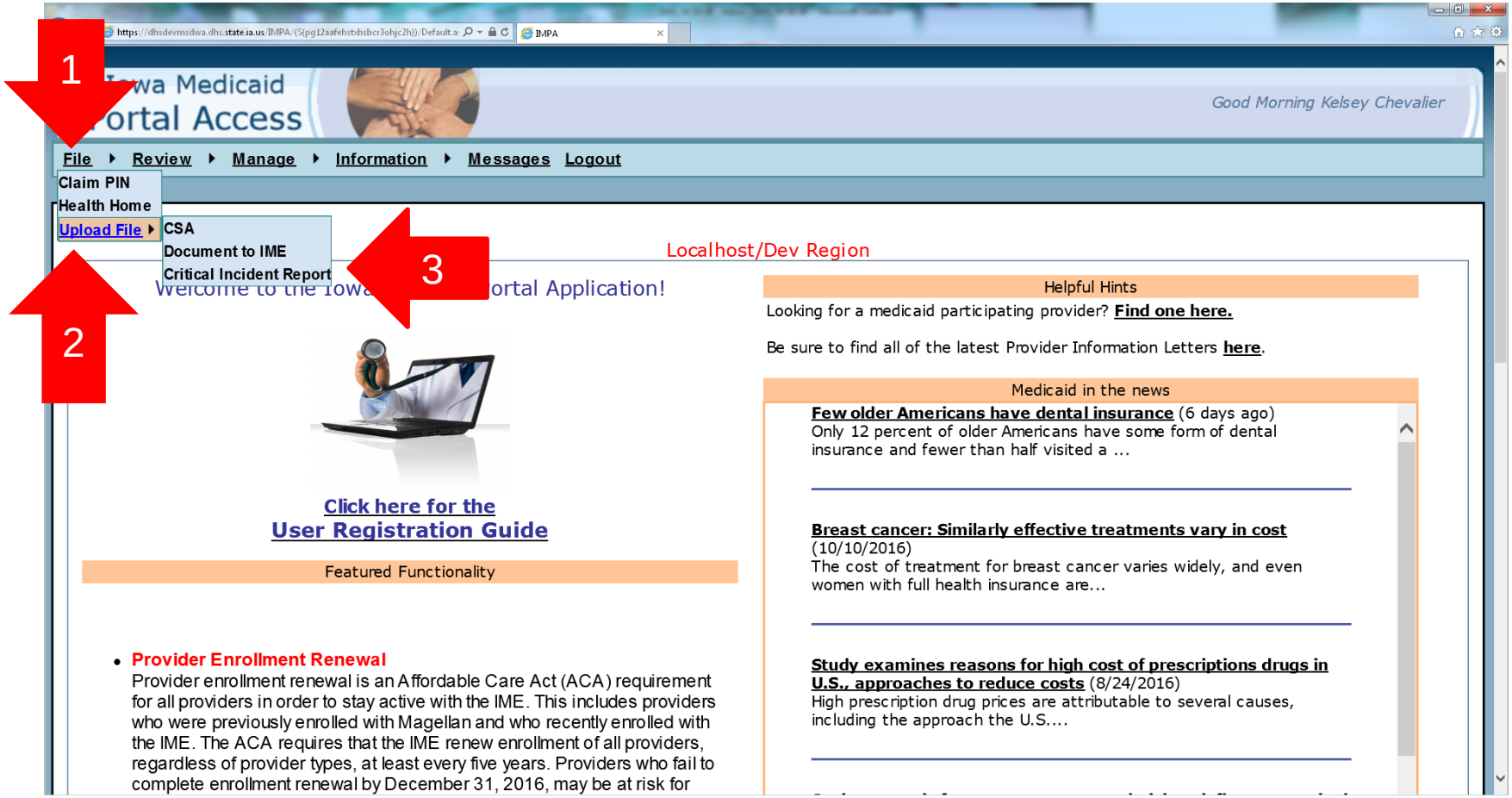
Completing Form 470-4698

IMPA 101 Cont'd

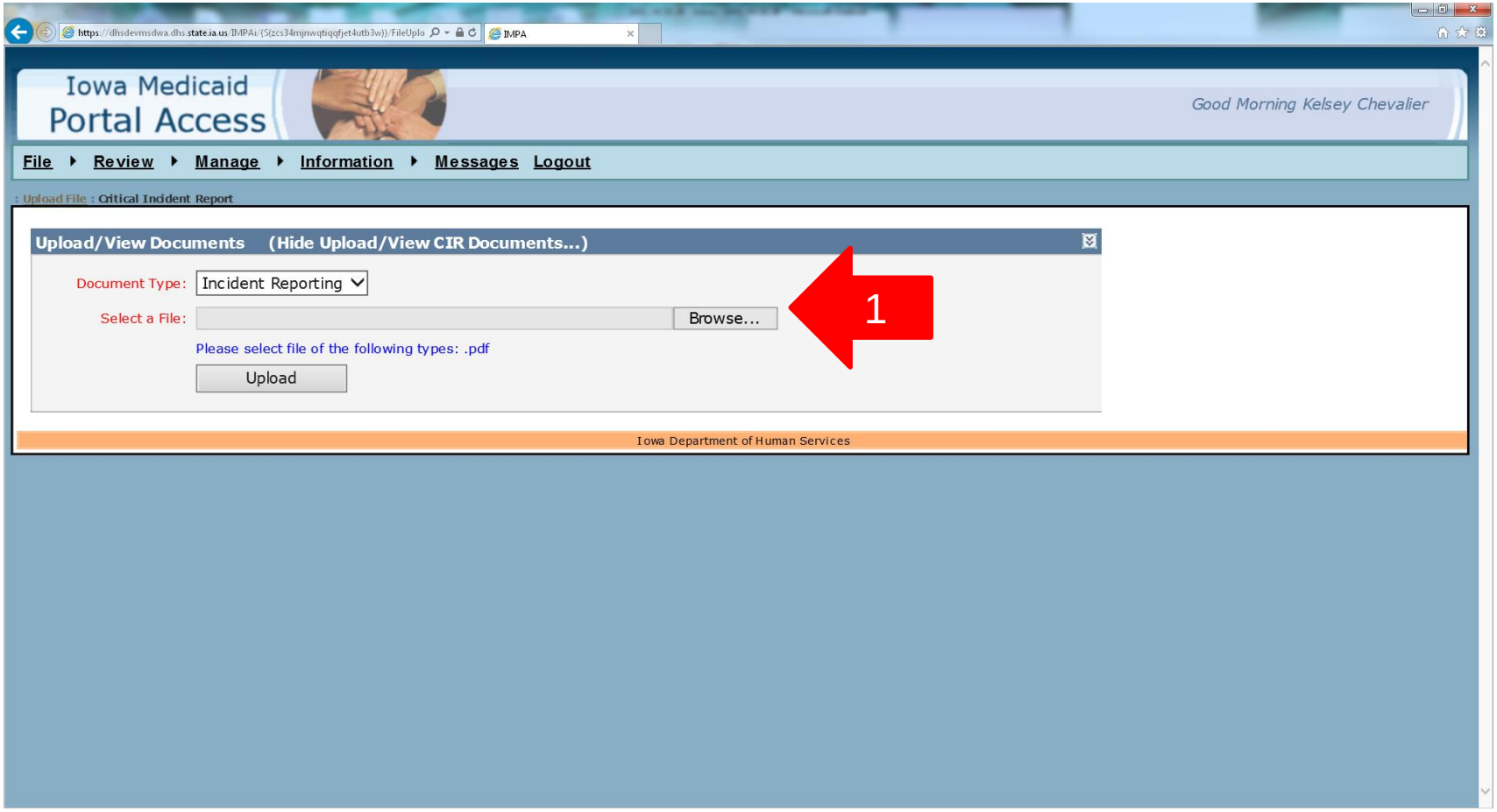
- "Verify Validations" at end of form
- Always include an Immediate Resolution and Root Cause
- Incident reports are not accepted via email
- Upload to the proper IMPA file, "Critical Incident File"

Fee For Service (FFS) Reporting Process

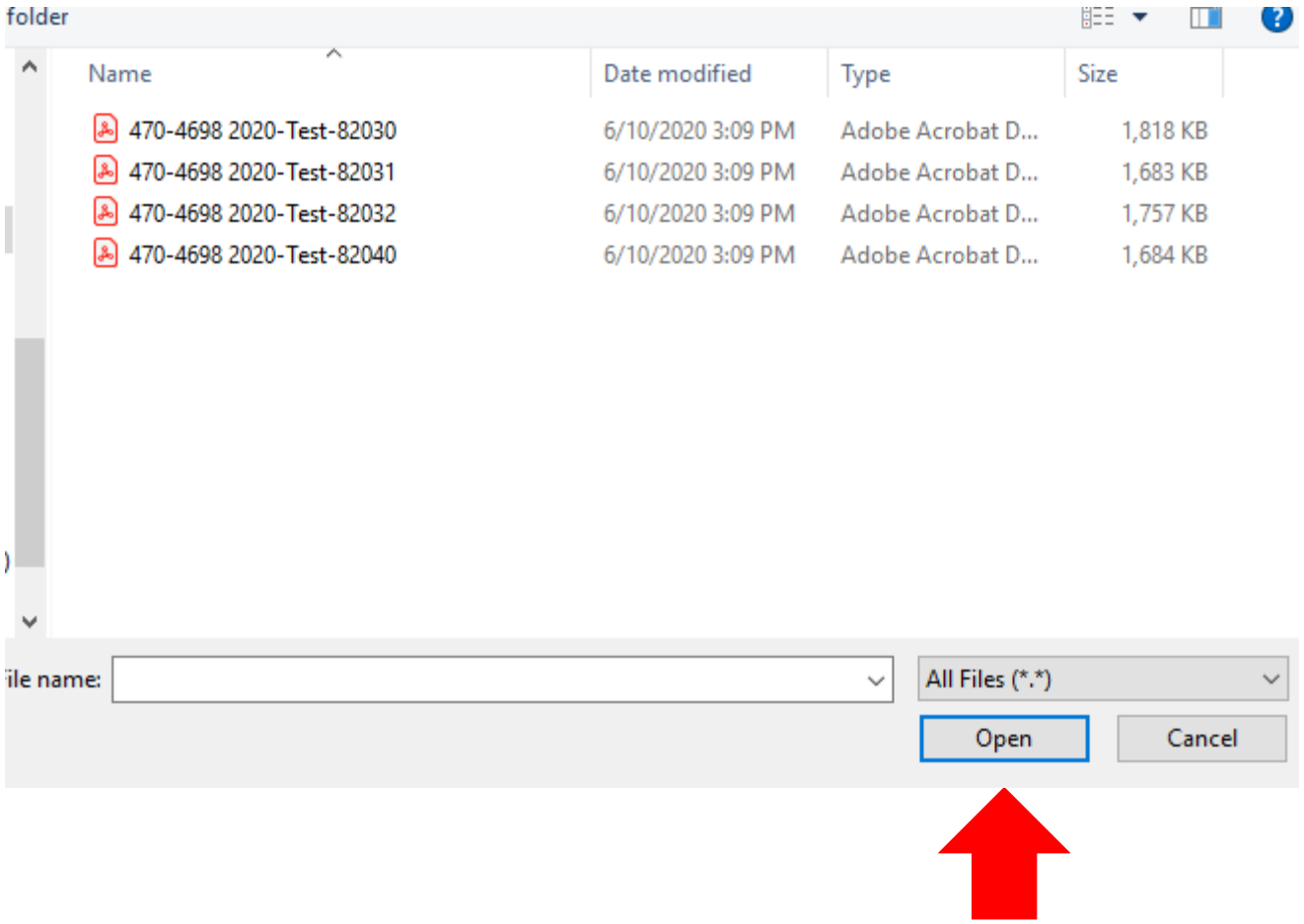
FFS Reporting Process (cont.)



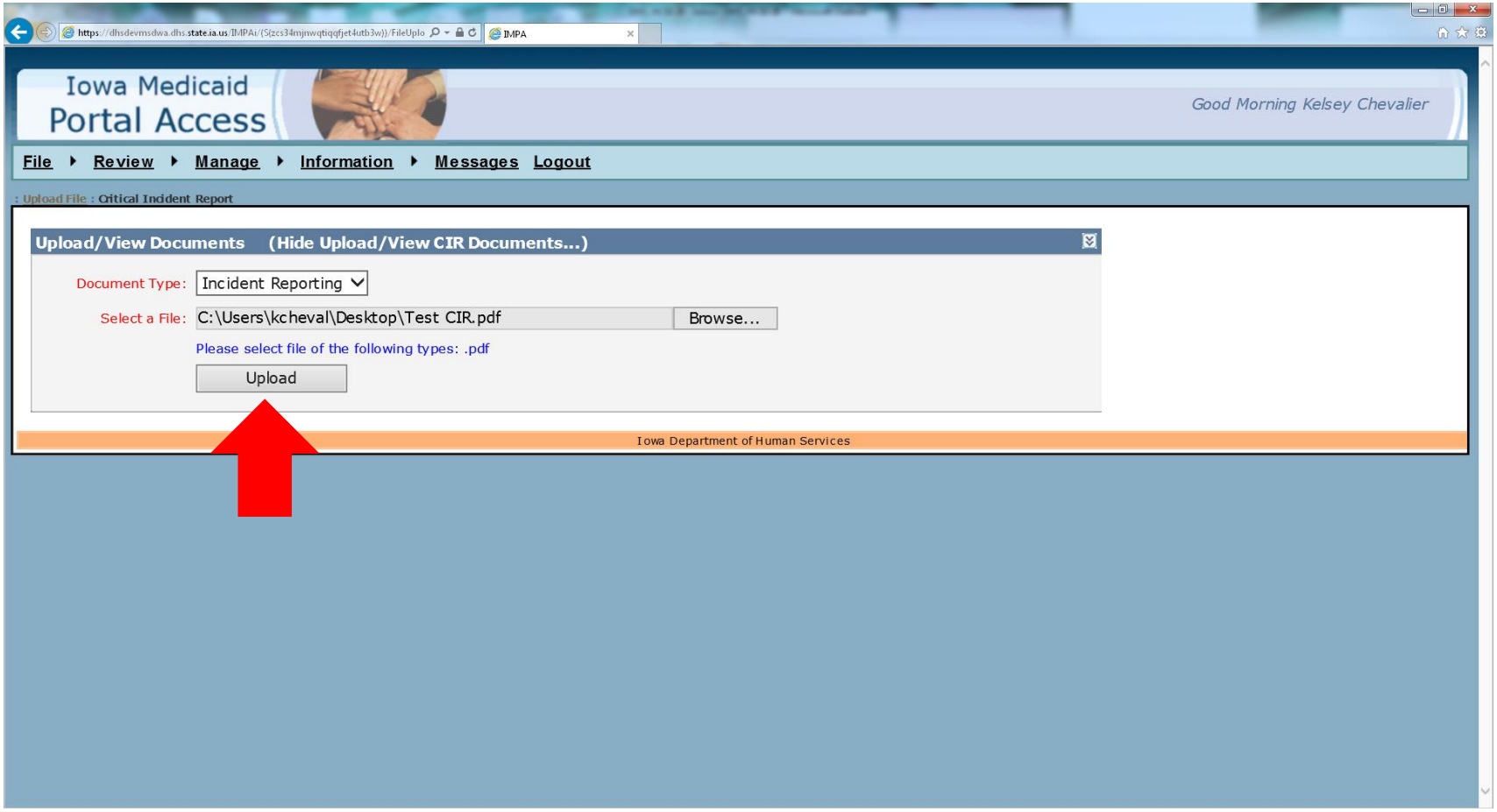
FFS Reporting Process (cont.)



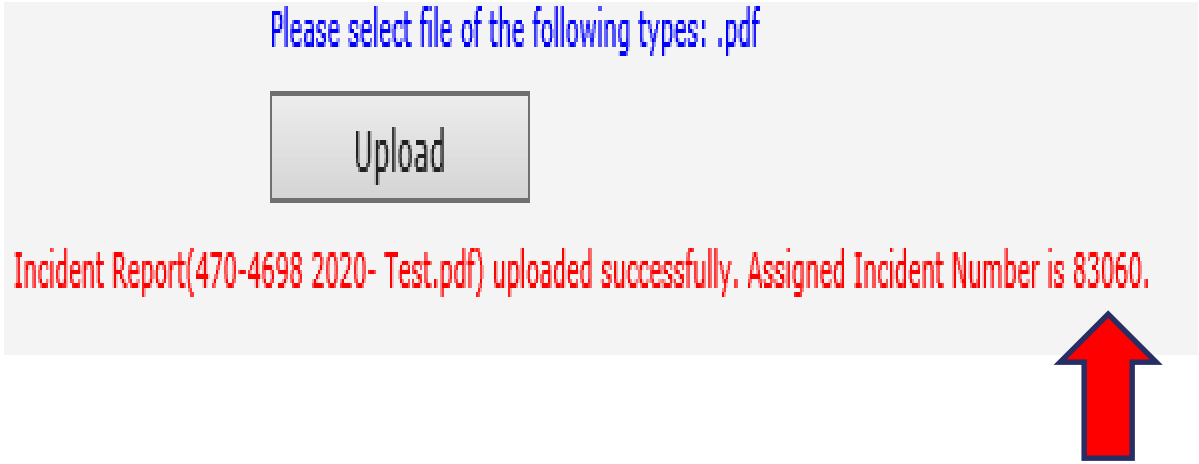
FFS Reporting Process (cont.)



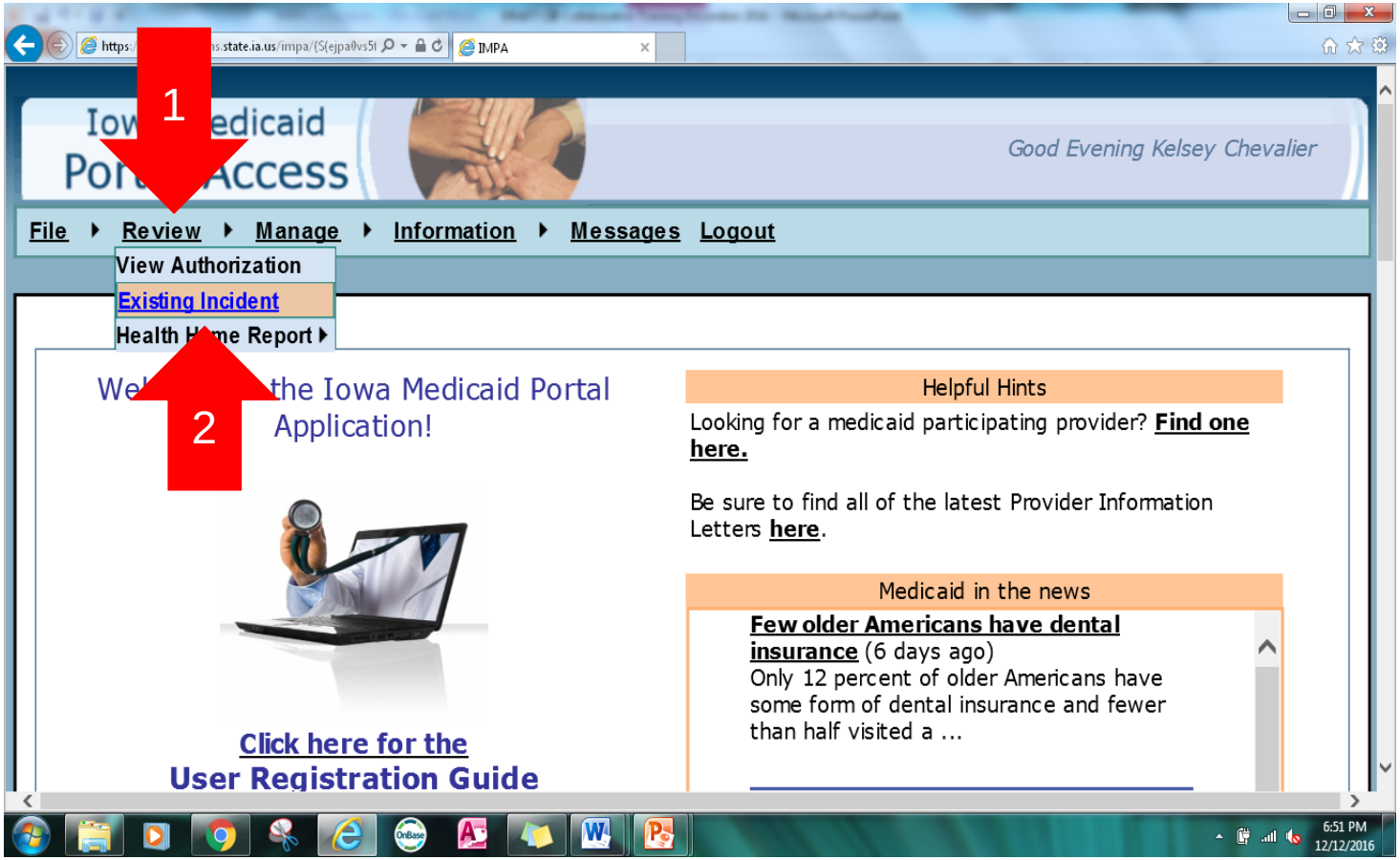
FFS Reporting Process (cont.)



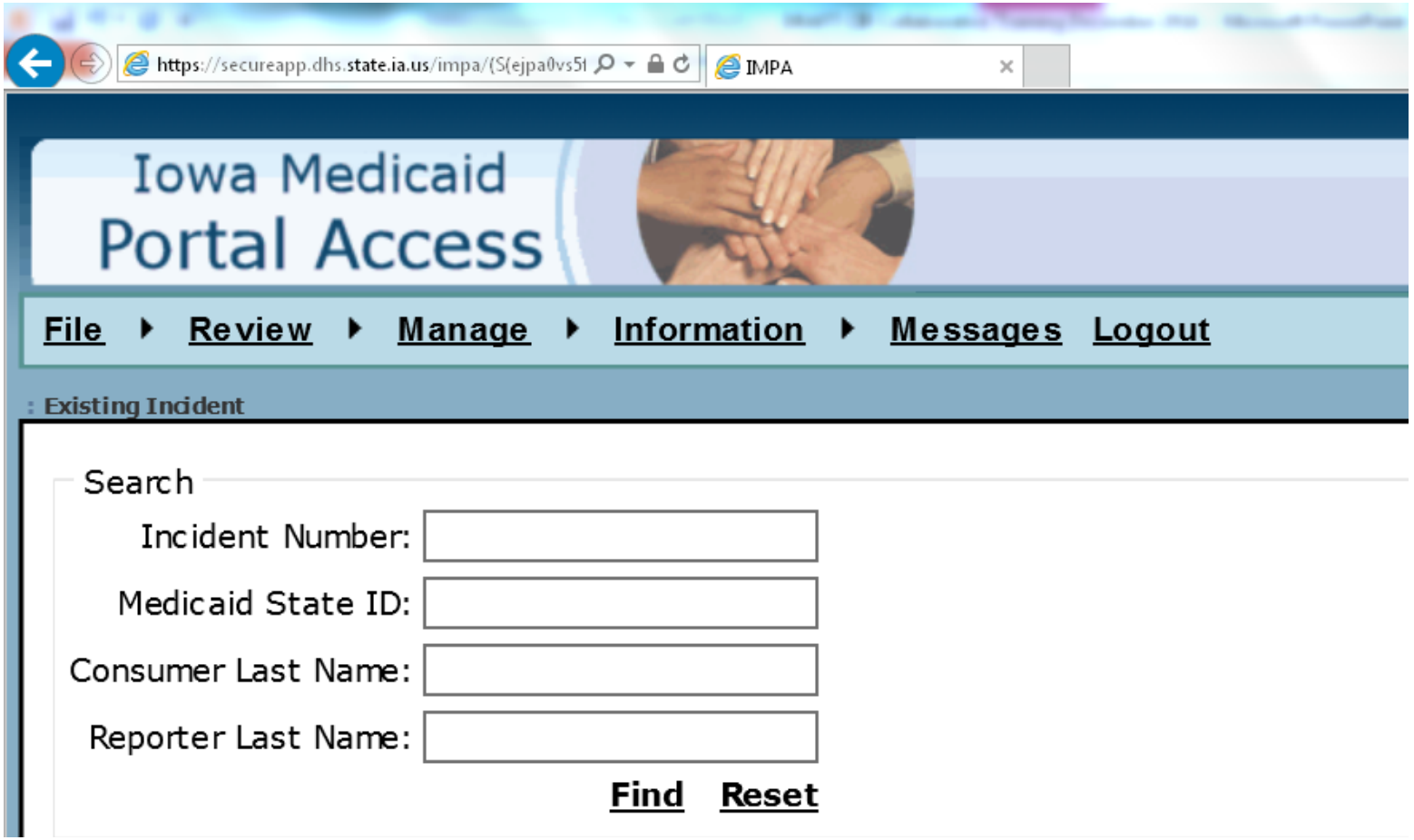
FFS Reporting Process (cont.)



Viewing incidents

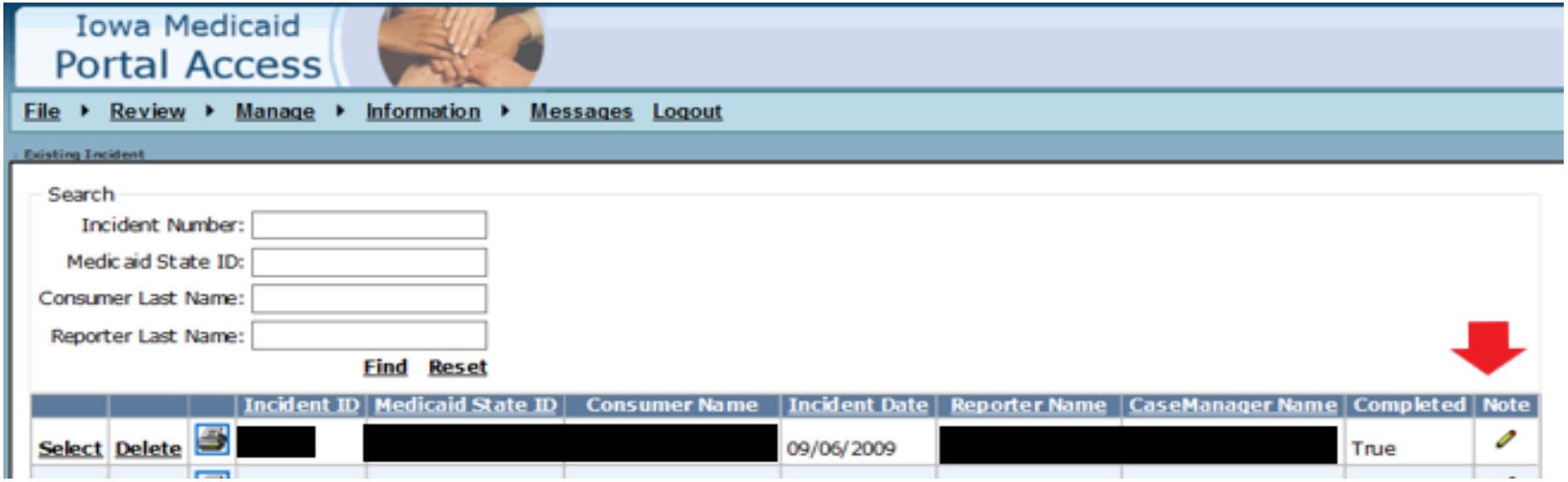


Viewing Incidents (cont.)



Updating an Incident previously submitted

- Search member
- Identify report needing the update
- Select the pencil



FFS Reporting Process (cont.)

ISIS Workflow

- Case Managers answer milestones in the Individualized Services Information System (ISIS)

IMPA

- Disable users when employment ends

What's New?
Emergency Room (ER) Claim Review

- ER Claims are pulled on a monthly basis
- Diagnosis codes are filtered to identify those meeting the definition of a major critical incident
- Critical Incident reports are matched to the ER claims
- Case Managers are contacted regarding ER claims without an incident report

Ensuring all incidents are reported

- Case Managers should ask members about ER visits each time they talk/meet
- Providers should ask members when they see them if they have been in the ER since the last time services were provided

Managed Care Organizations (MCO)

- Amerigroup
- Iowa Total Care
- All of the same waivers, rules, definitions, reporting
- When member is enrolled with an MCO, a critical incident report does not need to be submitted to IME

Submitting the CIR with Amerigroup

https://providers.Amerigroup.com/IA

News & Announcements

Effective June 1, 2018, Amerigroup Iowa, Inc. providers will be required to use ProView for credentialing

Q3 Medical Policies and Clinical Utilization Management Guidelines Updates

Log In

Using your Availity ID and password.

Join our Network

Provider Survey

Please help us improve our provider website by taking this brief survey

Take Survey

Do more online by registering for Provider Self-Service

Through Provider Self-Service, you can:

- File and check the status of medical claims
- Verify eligibility
- Request precertification
  - Billing at Group level, include Group NPI
  - Billing at

Provider Resources & Documents

- Behavioral Health
- Claims Submission and Reimbursement Policy
- Clinical Practice Guidelines
- Critical Incident Form
  - Critical Incident Form
- Disease Management Centralized Care Unit

Training & Credentialing

Provider Training Manual

Iowa Provider Manual

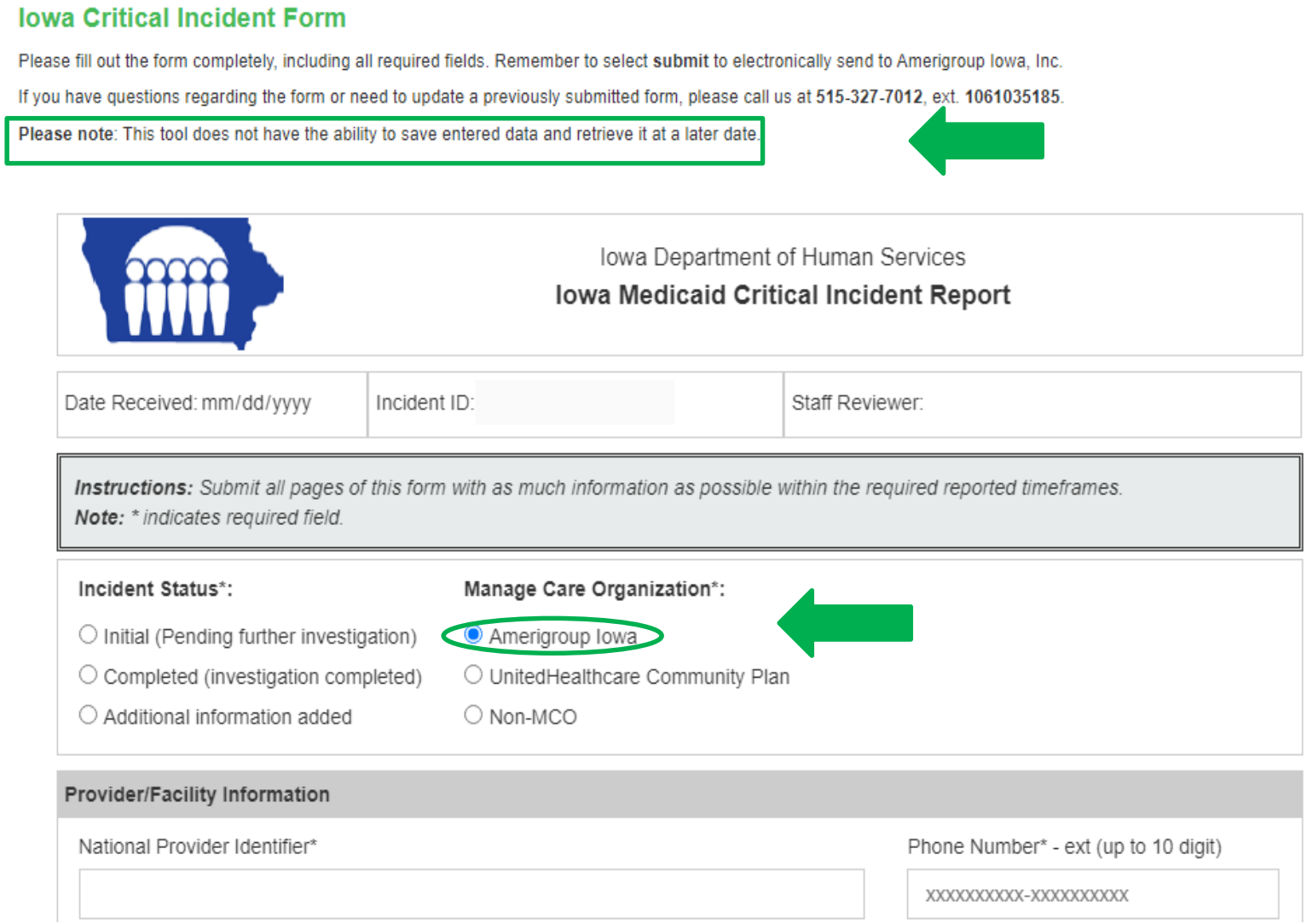
Provider Webinar

New Provider Orientation Schedule

Long-term Services and Supports Provider Orientation

IME Provider Orientation

The Form



Iowa Critical Incident Form

Please fill out the form completely, including all required fields. Remember to select **submit** to electronically send to Amerigroup Iowa, Inc.

If you have questions regarding the form or need to update a previously submitted form, please call us at **515-327-7012**, ext. **1061035185**.

Please note: This tool does not have the ability to save entered data and retrieve it at a later date.

Iowa Department of Human Services

Iowa Medicaid Critical Incident Report

Date Received: mm/dd/yyyy	Incident ID:	Staff Reviewer:

Instructions: *Submit all pages of this form with as much information as possible within the required reported timeframes.*
Note: ** indicates required field.*

Incident Status*:

- ○ Initial (Pending further investigation)
- ○ Completed (investigation completed)
- ○ Additional information added

Manage Care Organization*:

- ◉ Amerigroup Iowa
- ○ UnitedHealthcare Community Plan
- ○ Non-MCO

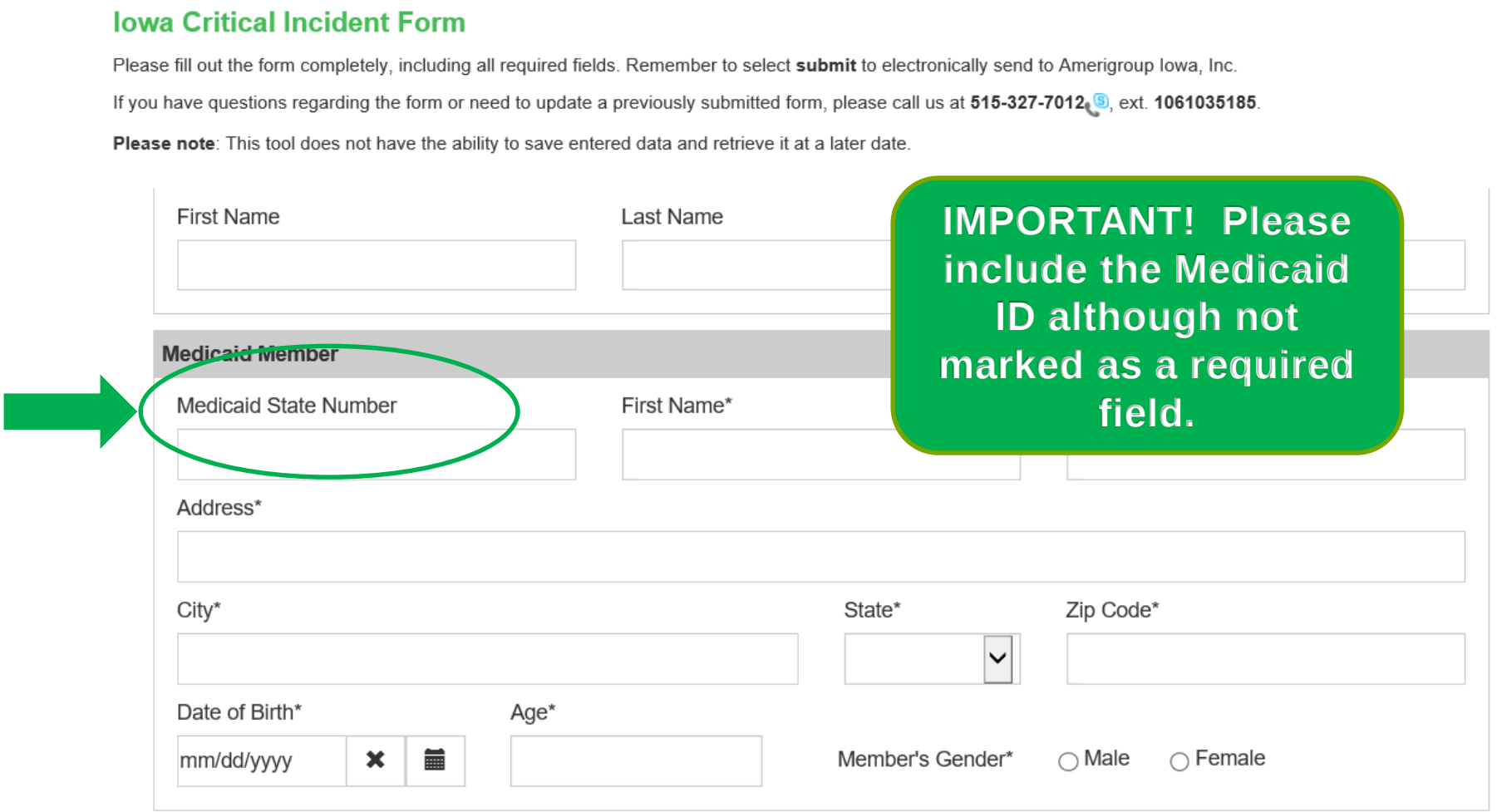
Provider/Facility Information

National Provider Identifier*

Phone Number* - ext (up to 10 digit)

xxxxxxxxxx-xxxxxxxxxx

The Form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First Name
Last Name
Medicaid Member
Medicaid State Number
First Name*
Address*
City*
State*
Zip Code*
Date of Birth*
mm/dd/yyyy
Age*
Member's Gender*
Male
Female
IMPORTANT! Please include the Medicaid ID although not marked as a required field.

The Form

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Describe:

Additional Follow-up and Notes (Place additional detail regarding incident or resolution as discovered.)

Describe:

Click BEFORE submitting

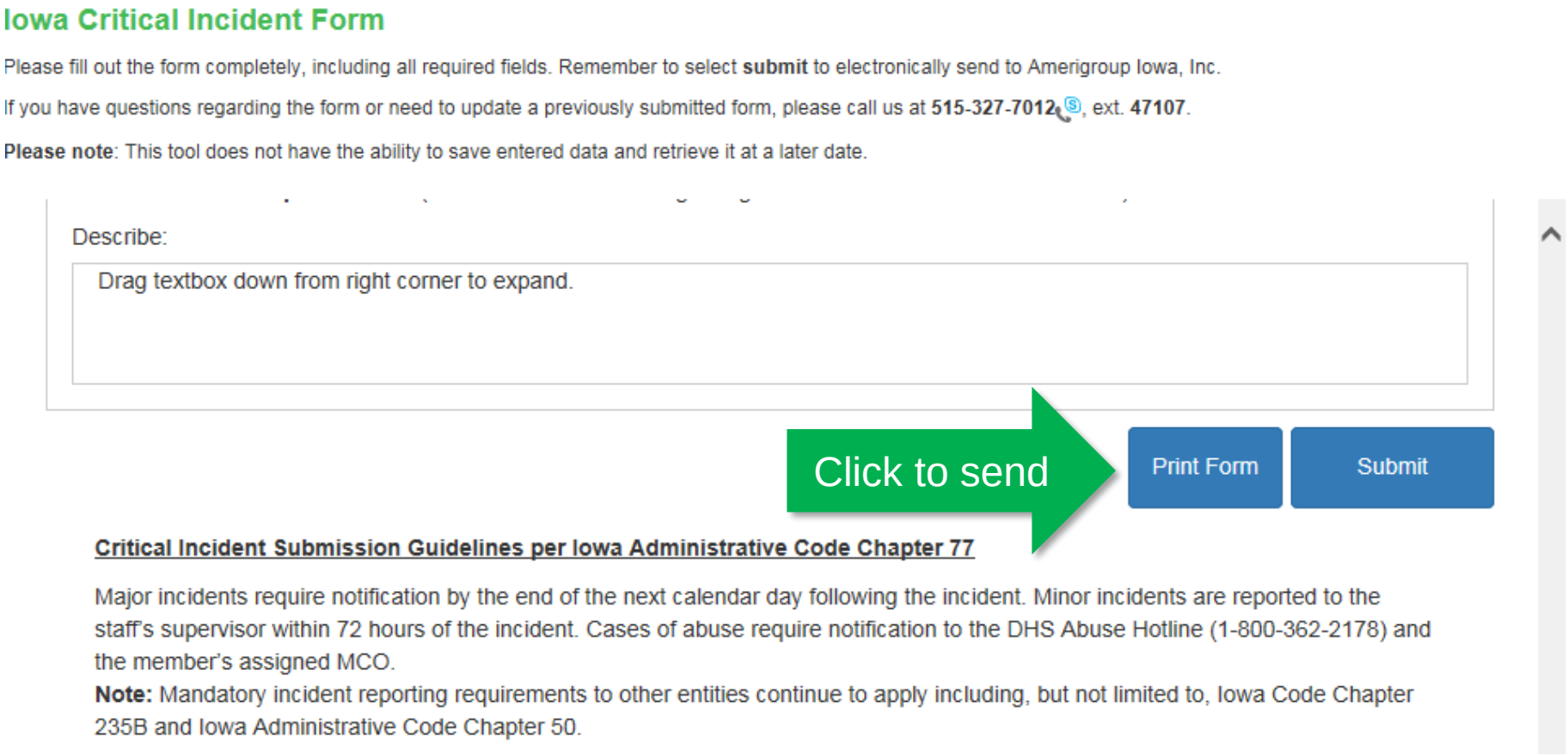
Print Form | Submit

Critical Incident Submission Guidelines per Iowa Administrative Code Chapter 77

Major incidents require notification by the end of the next calendar day following the incident. Minor incidents are reported to the staff's supervisor within 72 hours of the incident. Cases of abuse require notification to the DHS Abuse Hotline (1-800-362-2178) and the member's assigned MCO.

Note: Mandatory incident reporting requirements to other entities continue to apply including, but not limited to, Iowa Code Chapter 235B and Iowa Administrative Code Chapter 50.

The Form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If you have questions regarding the form or need to update a previously submitted form, please call us at 515-327-7012, ext. 47107.
Please note: This tool does not have the ability to save entered data and retrieve it at a later date.
Describe:
Drag textbox down from right corner to expand.
Click to send
Print Form
Submit
Critical Incident Submission Guidelines per Iowa Administrative Code Chapter 77
Major incidents require notification by the end of the next calendar day following the incident. Minor incidents are reported to the staff's supervisor within 72 hours of the incident. Cases of abuse require notification to the DHS Abuse Hotline (1-800-362-2178) and the member's assigned MCO.
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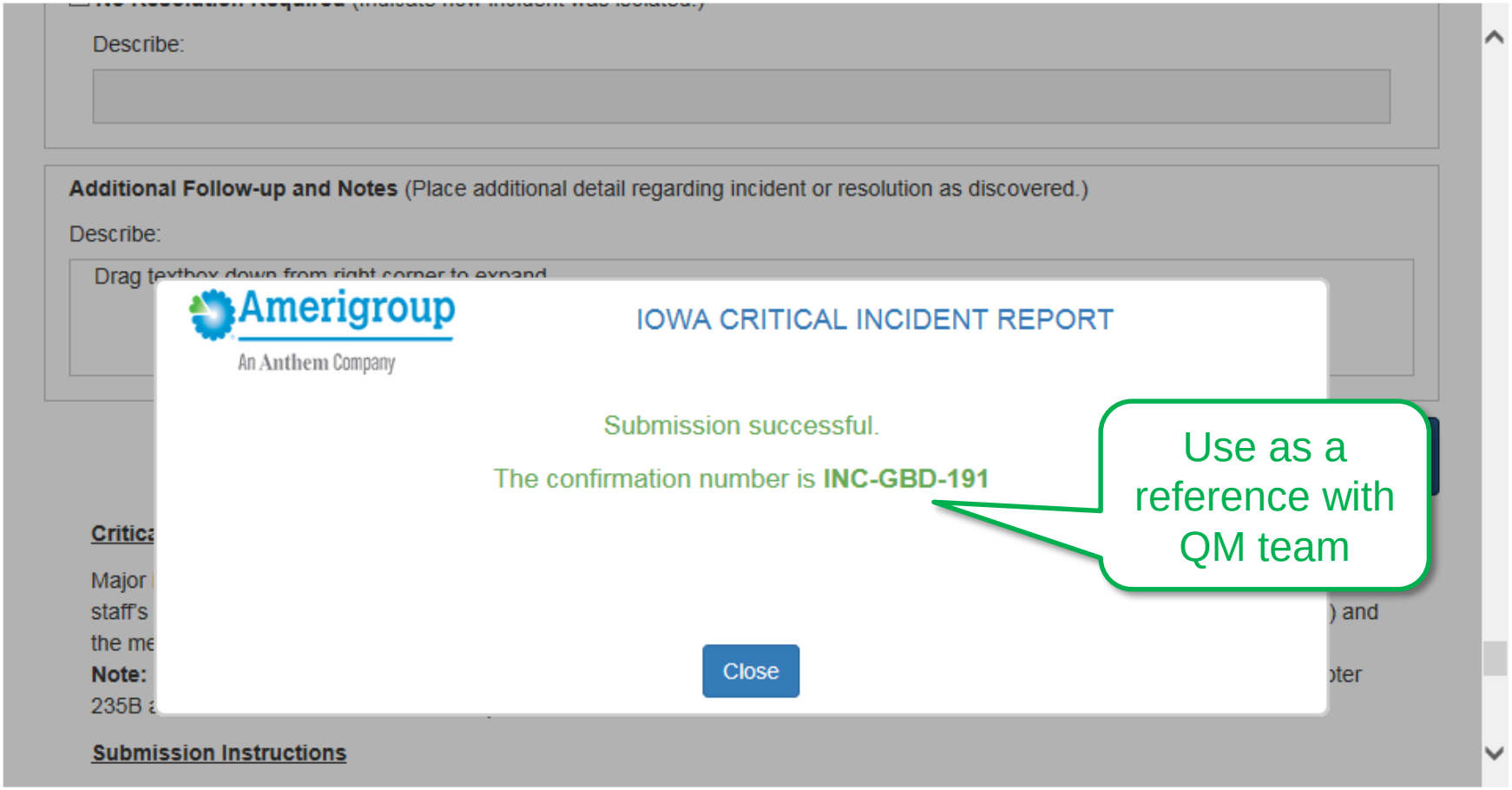
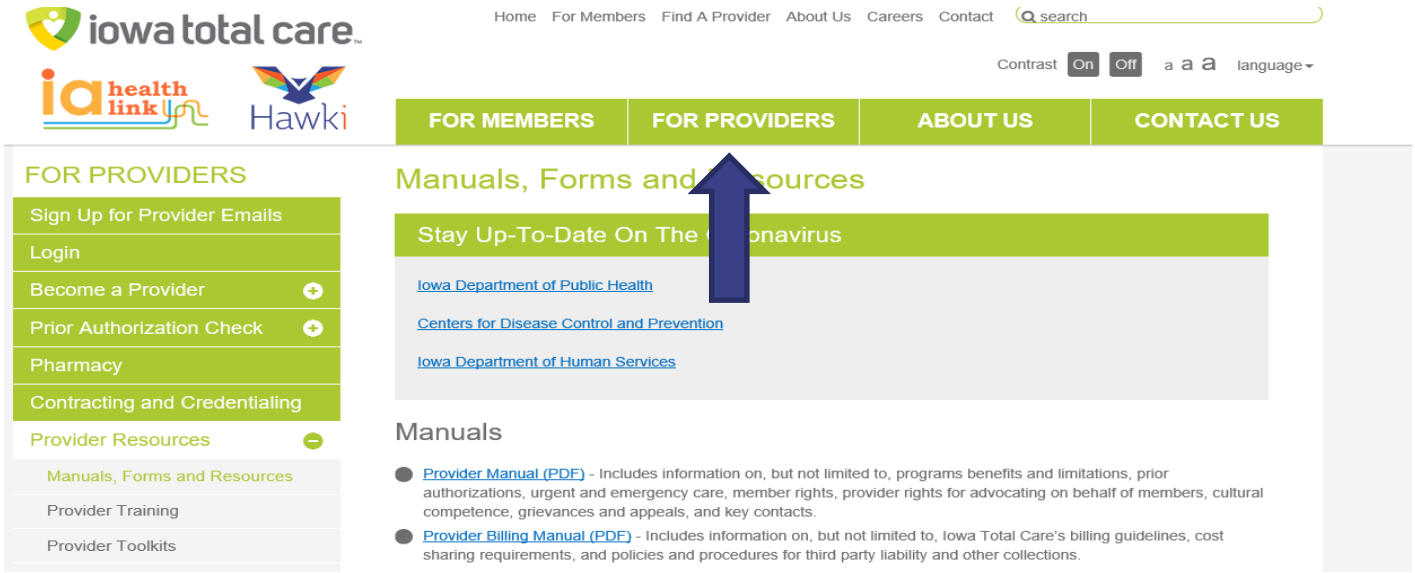
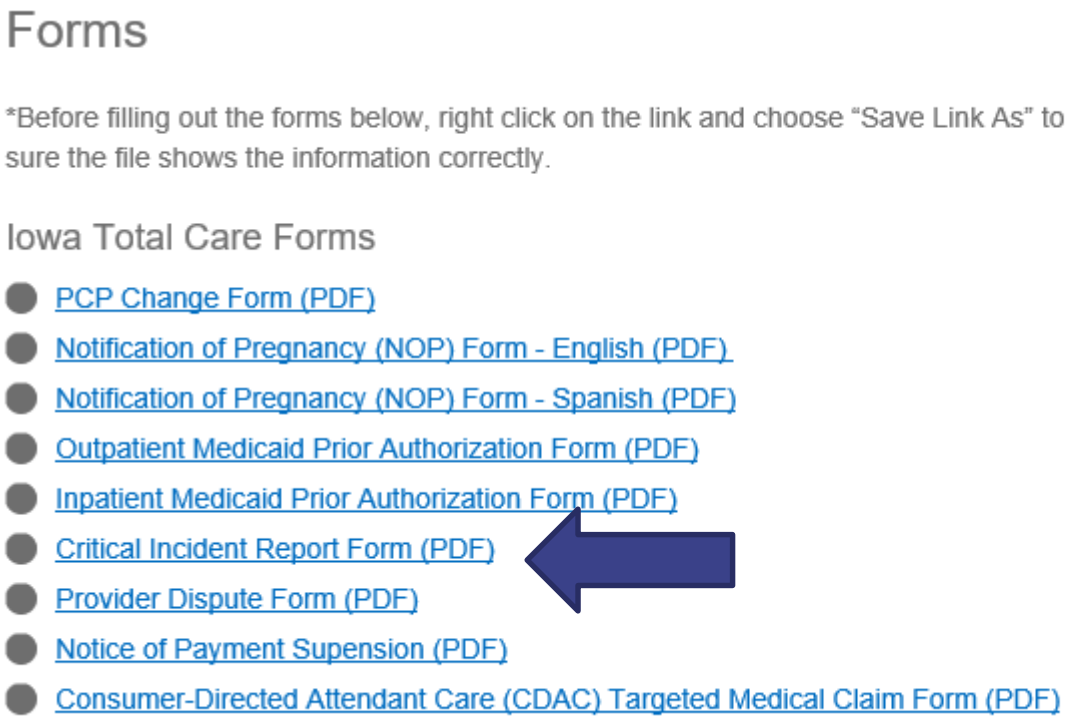

Describe:
Additional Follow-up and Notes (Place additional detail regarding incident or resolution as discovered.)
Describe:
Amerigroup
An Anthem Company
IOWA CRITICAL INCIDENT REPORT
Submission successful.
The confirmation number is INC-GBD-191
Use as a reference with QM team
Close
Submission Instructions

Iowa Total Care Accessing the Critical Incident Report Form



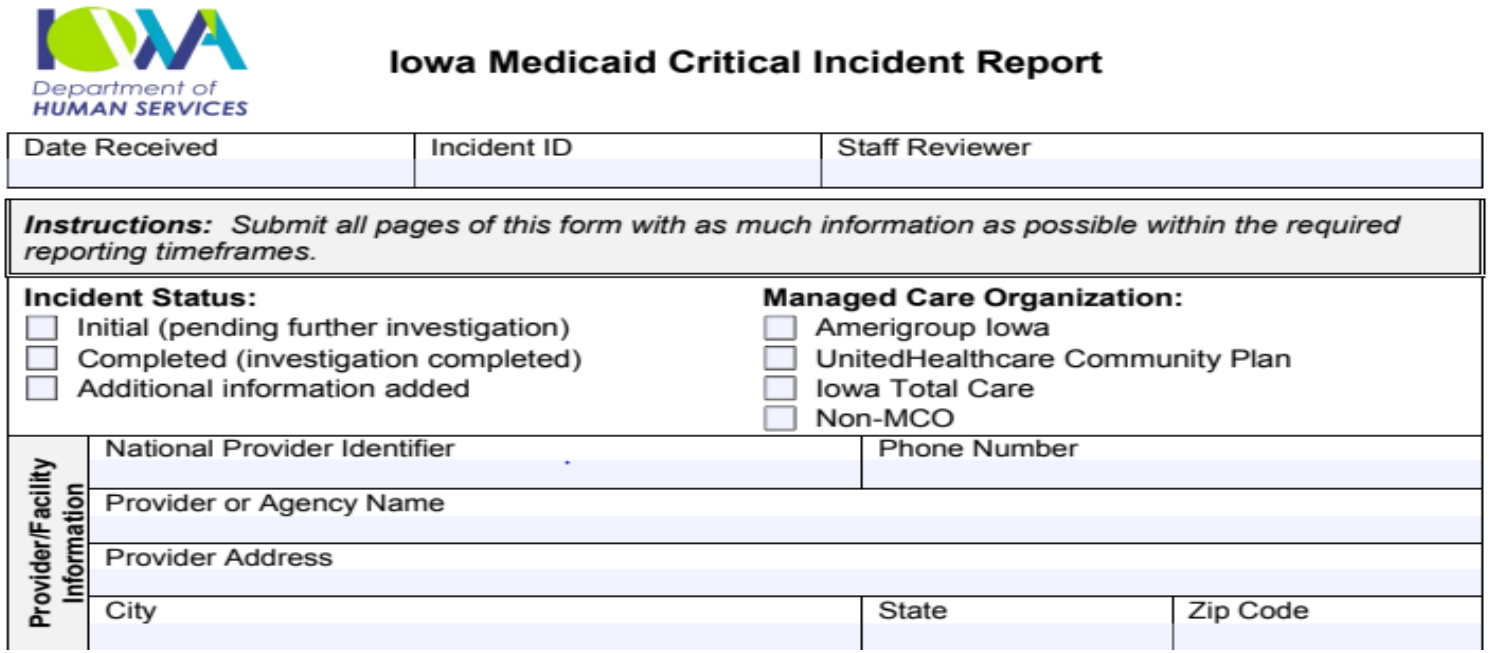
- Log on to the Iowa Total Care website https://www.iowatotalcare.com/
- Select “For Providers”
- From the dropdown menu select manuals, forms, other resources

Iowa Total Care Accessing the Critical Incident Report Form (cont.)



The Critical Incident Report form is listed under the forms section of the website.

Iowa Total Care Accessing the Critical Incident Report Form (cont.)



Department of HUMAN SERVICES

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- ☐ Completed (investigation completed)
- ☐ Additional information added

Managed Care Organization:
- ☐ Amerigroup Iowa
- ☐ UnitedHealthcare Community Plan
- ☐ Iowa Total Care
- ☐ Non-MCO

Provider/Facility Information

National Provider Identifier	Phone Number	
Provider or Agency Name		
Provider Address		
City	State	Zip Code

Be sure to complete each section of the Critical Incident Report Form before submitting to Iowa Total Care.

Iowa Total Care Accessing the Critical Incident Report Form (cont.)

Once the form is completed it will need to be submitted by either fax or email to Iowa Total Care:

Fax 1-833-205-1251

Email QOCCIR@iowatotalcare.com

FFS Resources

- Administrative Code and Rules
  http://dhs.iowa.gov/administrative-rules
- Critical Incident Reporting Location, Guides and Forms
  http://dhs.iowa.gov/ime/providers/rights-and-responsibilities/critical-incident-responding
- Incident Reporting Questions
  hcbsir@dhs.state.ia.us
- Iowa Medicaid Portal Access (IMPA) Website
  https://secureapp.dhs.state.ia.us/impa/
- HCBS Specialists Contacts
  http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts

FFS Resources cont.

- Iowa Department of Human Services forms https://dhs.iowa.gov/ime/providers/forms
- Critical Incident Reporting Access Request Form
  - Need option “Critical Incident Report” in IMPA

  https://www.tfaforms.com/243237

Member Eligibility Determination

Call the Eligibility and Verification System (ELVS)

- 515-323-9639 (locally in Des Moines)
- 1-800-338-7752 (toll free)
- Available 24 hours a day, seven days a week

Questions

HCBS QIO Incident Reporting Mailbox

hcbsir@dhs.state.ia.us

Amerigroup

iaincidents@Amerigroup.com

https://providers.amerigroup.com

515-327-7012, ext. 106-103-5185

Provider Services 800-454-3730

Iowa Total Care

Fax 1-833-205-1251

QOCCIR@IowaTotalCare.com

Summary

- Reviewed Iowa Administrative Code (IAC) requirements for incident reporting
- Defined the difference between a major and minor incident
- Identified the reporting process, including updates for fee-for-service (FFS) members
- Common IMPA errors
- How to access and submit a critical incident form for FFS members
- Introduced the ER Claims review process
- Locating, completing and submitting an incident report for Amerigroup
- Locating, completing, and submitting and incident report for Iowa Total Care
- Resource Information